

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

6861

BIRTH NO.

REGISTRAR'S NO. 110

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DE DEATH
3 ND 98
RESIDENCE
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1. PLACE OF DEATH A. COUNTY <u>Cocconino</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Cocconino</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <u>Sedona</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Sedona</u>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>2 yrs.</u> <u>74 yrs.</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Purtymun Motel</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Purtymun Motel</u>			

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3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>MARTHA</u> B. (MIDDLE) <u>ELLEN</u> C. (LAST) <u>COOK</u>			4. SEX <u>Female</u>	5. COLOR OR RACE <u>White</u>
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH <u>March</u> DAY <u>5</u> YEAR <u>1858</u>	
8. AGE YEARS <u>93</u> MONTHS <u>9</u> DAYS <u>2</u>			9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <u>Housewife</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>California</u>	11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>NO</u>
13. SOCIAL SECURITY NO. <u>None</u>		14A. FATHER'S NAME <u>Charles S. Howard</u>		
14B. BIRTHPLACE (STATE OR COUNTRY) <u>Illinois</u>		15A. MOTHER'S MAIDEN NAME <u>Nancy Cline</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Holland</u>
16. INFORMANT'S SIGNATURE <u>Pearl M. Pouncery</u> ADDRESS <u>2521 Sycamore St. Concord, Calif.</u>				
17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>December 7, 1951</u>				

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18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>13 months</u>
2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STAT. THE UNDERLYING CAUSE LAST. DUE TO (b) <u>with metastases</u>		DUE TO (c)		
3. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				

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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

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22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Sept 2</u> 19 <u>51</u> TO <u>Dec 7</u> 19 <u>51</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Dec 7, 1951</u> AND THAT DEATH OCCURRED <u>12:30 AM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
23A. SIGNATURE <u>W. H. Bates</u>	23B. ADDRESS <u>Cottonwood Ariz</u>
23C. DATE SIGNED <u>12.10.51</u>	

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24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>Dec. 11, 1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Sedona Cemetery</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Sedona, Arizona</u>
25A. DATE REC'D BY LOCAL REG. <u>12-28-51</u>	25B. REGISTRAR'S SIGNATURE <u>Gertrude Schmidt</u>	25C. FUNERAL DIRECTOR'S SIGNATURE <u>John E. McMillan</u>	25D. ADDRESS <u>Jerome, Ariz.</u>
	25E. EMBALMER'S SIGNATURE <u>John E. McMillan</u>		CERT. NO. <u>270A</u>